

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043734

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 135

FILED NOV 20 1962

1. PLACE OF DEATH

a. COUNTY

PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Richland

Length of stay in 1b

-

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Residence

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

PULASKI

c. CITY
OR TOWN

Richland

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

RURAL RT #1

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Sylvester

Last

Roam

4. DATE
OF DEATH

Month

Nov

Day

11

Year

1962

5. SEX

MALE

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

JUNE 10 - 1878 84

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Pulaski County MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ISAC Roam

13b. MOTHER'S MAIDEN NAME

MARGARET JANE SMITH

14. NAME OF HUSBAND OR WIFE

NANCY EILEEN ROAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

64 OMAR ROAM Richland MO

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial failure
Old ageINTERVAL BETWEEN
ONSET AND DEATH

1 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 17 Oct 62 to 2 Nov 62 and last saw him alive on 2 Nov 62
Death occurred at 8:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Lillian M. Ward

(Degree or title)

MD

22b. ADDRESS

Richland Missouri

22c. DATE SIGNED

11-12-1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

11-14-1962

23c. NAME OF CEMETERY OR CREMATORY

OAKLAWN Cemetery

23d. LOCATION (City, town, or county)

Richland

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Moss-Williams Richland, MO

25. DATE RECD. BY LOCAL REG.

11-14-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

NOV 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clarence F. Mose

Licensed Embalmer No.

4896

P. O. Address

Waynesville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 11-14-62